

Janet Napolitano  
Governor



Joey Ridenour  
Executive Director

## *Arizona State Board of Nursing*

4747 N. 7<sup>th</sup> Street, Suite 200  
Phoenix, AZ 85014-3653  
Phone (602) 889-5150 Fax (602) 889-5155  
E-Mail: [arizona@azbn.gov](mailto:arizona@azbn.gov)  
Website: [www.azbn.gov](http://www.azbn.gov)

Thank you for your request for mailing list information.

It is the policy of the Arizona State Board of Nursing that, subject to the provisions of A.R.S. 39-121.01, lists of names and addresses will be provided for a charge to interested parties under the following conditions:

1. A signed written request (attached) shall be submitted to the Board, which identifies the requestor and the intended use of the list. A.R.S. 39-121.03.
2. The list shall be used only by the original requestor, for the original purpose requested and approved, and may not be sold, traded, loaned, or by any other arrangements be made available to any other person, company or firm.
3. Any individual who knowingly falsifies his/her request for this list under these provisions is guilty of a Class 6 felony.
4. **FORMAT:** Excel spreadsheet, txt format/Comma delimited. Large or multiple lists will be E-mailed in a ZIP file. If unable to send by E-mail, data will be sent to you on a CD. No printed mailing labels are available.
5. **RATE:** Fee is a flat rate of \$100.00 per order (not by list).
6. Upon receipt of order and payment, data will be E-mailed or copied to a CD and mailed. If an incorrect amount has been paid, you will be contacted by mail or phone to arrange payment of correct amount.
7. Complete the attached Authorization Form and the Order Form and return with your payment to:  
**ARIZONA STATE BOARD OF NURSING  
ATTN: REQUEST FOR MAILING LISTS  
4747 N. 7<sup>TH</sup> STREET, SUITE 200  
PHOENIX, AZ 85014-3653**
8. **Upon receipt of payment, list(s) will be produced within 1-2 weeks and E-mailed/mailed.** Contact Mary Palmer at (602) 889-5205, if you would like to pick them up. Return Authorization and Order Forms with payment. **PAYMENT SHOULD BE IN THE FORM OF A MONEY ORDER OR CHECK payable to: Arizona State Board of Nursing. Sorry, we do not accept credit cards or checks that are not preprinted.**

Thank you.

Sincerely,

Joey Ridenour, RN, MN  
Executive Director

**REQUIREMENTS FOR REQUEST ARE SUBJECT TO  
CHANGE WITHOUT PRIOR NOTICE**

**Arizona State Board of Nursing**

4747 N. 7<sup>th</sup> Street, Suite 200

Phoenix, AZ 85014-3653

PH: 602-889-5150

FAX: 602-889-5155

**AUTHORIZATION FORM FOR MAILING LIST REQUEST**

The list will be used for what purpose? **BE SPECIFIC**

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I will not sell, loan or trade this list to any other company, firm or person, or use it for any other purpose than what is stated above.

**RATE: Flat fee of \$100.00 per order.**

SIGNATURE

NAME (PLEASE PRINT LEGIBLY)

COMPANY

ADDRESS

CITY

STATE

ZIP

TELEPHONE

E-MAIL ADDRESS (PLEASE PRINT LEGIBLY)

I have enclosed a Check or Money Order payable to  
***Arizona State Board of Nursing*** in the amount of:

\$ \_\_\_\_\_

FOR AZBN USE ONLY

# REQUEST FOR ASBN MAILING LIST – ORDER FORM

**FLAT RATE OF \$100.00 PER ORDER FORM SUBMITTED**

<b>1. TYPE OF NURSING LICENSE/CERTIFICATE</b>		<b>Select classification(s) requested.</b>	
<input type="checkbox"/> <b>Advanced Practice</b>  Select ALL or one Specialty:  <input type="checkbox"/> Acute Care NP <input type="checkbox"/> Adult NP <input type="checkbox"/> Clinical Specialist <input type="checkbox"/> Family NP <input type="checkbox"/> Geriatric NP <input type="checkbox"/> Neonatal NP <input type="checkbox"/> Nurse Anesthetist (CRNA) <input type="checkbox"/> Nurse Midwife <input type="checkbox"/> OB/GYN/Women's Health Care NP <input type="checkbox"/> Pediatric NP <input type="checkbox"/> Psychiatric /Mental Health NP <input type="checkbox"/> School NP <input type="checkbox"/> *All (specialty is not designated)	<input type="checkbox"/> <b>Certified Nursing Assistant</b>	<input type="checkbox"/> <b>Licensed Practical Nurse</b>	<input type="checkbox"/> <b>Registered Nurse</b>
<b>2. LICENSE/CERTIFICATE STATUS    Select one for each classification you requested in #1.</b>			
<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Active and Inactive	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Active and Inactive	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Active and Inactive	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Active and Inactive
<b>3. RESIDENT STATE    Select one for each classification you requested in #1.</b>			
<input type="checkbox"/> Arizona Only <input type="checkbox"/> All States (with AZ cert) <input type="checkbox"/> City _____ <input type="checkbox"/> Zip Code _____ <input type="checkbox"/> Inclusive Zip Code: from _____ to _____	<input type="checkbox"/> Arizona Only <input type="checkbox"/> All States (with AZ cert) <input type="checkbox"/> City _____ <input type="checkbox"/> Zip Code _____ <input type="checkbox"/> Inclusive Zip Code: from _____ to _____	<input type="checkbox"/> Arizona Only <input type="checkbox"/> All States (with AZ lic) <input type="checkbox"/> City _____ <input type="checkbox"/> Zip Code _____ <input type="checkbox"/> Inclusive Zip Code: from _____ to _____	<input type="checkbox"/> Arizona Only <input type="checkbox"/> All States (with AZ lic) <input type="checkbox"/> City _____ <input type="checkbox"/> Zip Code _____ <input type="checkbox"/> Inclusive Zip Code: from _____ to _____
<b>4. HIGHEST DEGREE HELD    Select one or All for each classification you requested in #1.</b>			
<input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate in Non-Nursing <input type="checkbox"/> Baccalaureate in Nursing <input type="checkbox"/> Diploma <input type="checkbox"/> Doctorate <input type="checkbox"/> Master's in Non-Nursing <input type="checkbox"/> Master's in Nursing <input type="checkbox"/> *All (only highest degree is listed) <input type="checkbox"/> Unselected (no degree listed)	<input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate in Non-Nursing <input type="checkbox"/> Baccalaureate in Nursing <input type="checkbox"/> Diploma <input type="checkbox"/> Doctorate <input type="checkbox"/> Master's in Non-Nursing <input type="checkbox"/> Master's in Nursing <input type="checkbox"/> *All (only highest degree is listed) <input type="checkbox"/> Unselected (no degree listed)	<input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate in Non-Nursing <input type="checkbox"/> Baccalaureate in Nursing <input type="checkbox"/> Diploma <input type="checkbox"/> Doctorate <input type="checkbox"/> Master's in Non-Nursing <input type="checkbox"/> Master's in Nursing <input type="checkbox"/> *All (only highest degree is listed) <input type="checkbox"/> Unselected (no degree listed)	<input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate in Non-Nursing <input type="checkbox"/> Baccalaureate in Nursing <input type="checkbox"/> Diploma <input type="checkbox"/> Doctorate <input type="checkbox"/> Master's in Non-Nursing <input type="checkbox"/> Master's in Nursing <input type="checkbox"/> *All (only highest degree is listed) <input type="checkbox"/> Unselected (no degree listed)

\*All information is dependent upon information received (or not received) on applications and updates reported by licensee/certificate holders. Advanced Practice Specialty and Highest Degree Held are not designated individually when you select.

**YOUR DATA WILL INCLUDE ALL OF THE FOLLOWING:**

Name  
Address / City / State / Zip Code  
County  
License / Certificate Number  
Original Issue Date  
Expiration Date  
Other Licenses (by license number)  
License Status

**NOT AVAILABLE:**

Telephone Numbers  
E-mail Addresses  
Printed Mailing Labels

**PLEASE DESIGNATE WHICH FORMAT YOU WANT:**

☐ E-Mailed (lists are in Excel / large lists will be in a ZIP file)

E-Mail Address \_\_\_\_\_

☐ CD

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_

**COMMENTS:**

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**ALLOW 1 TO 2 WEEKS DELIVERY**